

CDL THIRD PARTY EXAMINERS REIMBURSEMENT FORM

Questions? Email Shravanthi.Ragavapuram@education.ky.com or call 502-564-5279 x 4426

- All areas with an * must be completed, or a delay in payment may occur.
- Complete the District Name, Examiner Name, Gross Hourly Rate & the current Month & year. (Only 1 month per form)
- Submit reimbursements every 3 months. KDE will pay quarterly. Do not hold the reimbursement request for longer than 3 months.
- List the number of hours worked per day as the 3rd party examiner.
- List Expenses other than hours worked on page 2 of the form. A receipt must be included to show the expense. Include a brief description of why the product was purchased.
- For mileage claims, a MapQuest showing the starting location (physical address) and the ending location (physical address) must be included.
- Each Form must be signed by the examiner and the supervisor. Provide a name and phone number for any questions regarding the Reimbursement Request. (please print clearly)

DO NOT:

- Do not send in payroll sheets.
- Do not hold the request for reimbursement longer than 3 months.
- Do not forget to attach any and all receipts.
- Scan the documents and upload to website provided by KDE. Only authorized persons will have access to the link.



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District must provide v	erification for all ex	spenses or it will not be reimburse	ed.
(All areas with * must be co	ompleted)		
*DISTRICT NAME:		*EXAMINER NAME:	
*GROSS HOURLY RATE:		* MONTH / YEAR:	
Reimbursable hours w	orked per day:		
1	16	_	
2	17	_	
3	18	-	
4	19	_ MONTHLY	
5	20	_ *TOTAL HOURS	
6	21	_	
7	22	*TOTAL OTHER EXPENSES	
8	23	_	
9	24	_	
10	25	_	
11	26	_	
12	27	_ *GRAND TOTAL	
13	28	_	
14	29	_	
15	30	_	
	31	_	
*Examiner Signature_		(Verify total hours	worked)



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*Supervisor Sign	nature (Verify total hours worked)		
Contact Nam	e Phone Number		
*DISTRICT NAM	E:*EXAMINER NAME:		
District must p	provide verification for all expenses or it will not be rein	nbursed.	
requesting a reir end address and	S – DESCRIPTION – Must include a receipt for each item for which nbursement. A Map Quest print out needs to show a physical start be included with each reimbursement request. WILL BE REIMBURSED CONSISTENT WITH STATE TRAVEL REGULATION.	address and	
Date	Description	Amount	
	TOTAL		
	IOTAL		

*Supervisor Signature_____